

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034084

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 64

Primary Registration District No. 4110

Registrar's No.

FILED OCT 15 1962

1. PLACE OF DEATH

a. COUNTY

Chariton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN SalisburyLength of stay in 1b
short timec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Killed by train on
R.R. CrossingInside Limits
Yes ☒ No ☐c. CITY
OR
TOWN

Prairie Hill

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
no street addressReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Walter

J.

Thompson

4. DATE
OF
DEATH

Month September

Day 24

Year 1962

5. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6-27-19039. AGE (last birthday)
59IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
general laborer10b. KIND OF BUSINESS OR INDUSTRY
general laborer11. BIRTHPLACE (City and state or country)
Randolph Co., Missouri12. CITIZEN OF WHAT COUNTRY
United States

13a. FATHER'S NAME

Claude C. Thompson

13b. MOTHER'S MAIDEN NAME

Mary E. Shawk

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
no none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Louise Harlan: R#2: Salisbury, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chest Injury

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Pickup truck struck by train20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
2nd Street R.R. Crossing20f. CITY, TOWN, OR LOCATION
SalisburyCOUNTY
CharitonSTATE
MO21. I attended the deceased from
Death occurred at 10:15 A.

to 10:15 A.

and last saw him alive on

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
burial

23b. DATE

9-26-1962

23c. NAME OF CEMETERY OR CREMATORY

Old Prairie Hill Cemetery

23d. LOCATION (City, town, or county)

Prairie Hill, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Tom B. Patton

Huntsville

Oct 10, 1962

Donald W Berry

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

10210

20210

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DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tom, B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.